

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

SIGAR 14-31 Inspection Report

SALANG HOSPITAL: LACK OF WATER AND POWER SEVERELY LIMITS HOSPITAL SERVICES, AND MAJOR CONSTRUCTION DEFICIENCIES RAISE SAFETY CONCERNS



**JANUARY
2014**

Report Documentation Page			Form Approved OMB No. 0704-0188		
Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE JAN 2014		2. REPORT TYPE		3. DATES COVERED 00-00-2014 to 00-00-2014	
4. TITLE AND SUBTITLE Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S)			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Special Inspector General for Afghanistan Reconstruction, 2530 Crystal Drive, Arlington, VA, 22202			8. PERFORMING ORGANIZATION REPORT NUMBER		
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Same as Report (SAR)	18. NUMBER OF PAGES 21	19a. NAME OF RESPONSIBLE PERSON
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified			

SIGAR

Special Inspector General for Afghanistan Reconstruction

WHAT SIGAR REVIEWED

On September 11, 2009, Bagram Regional Contracting Center awarded a firm fixed-price contract (W91B4N-09-C-RP37) to Shafi Hakimi Construction Company, an Afghan company, for \$597,929 to provide labor, materials, and equipment to construct and furnish the 20-bed Salang hospital. The CERP-funded contract, with a 365-day period of performance, specified construction of a hospital including surgical and X-ray areas, a pharmacy, a laboratory, wards for men and women, as well as areas for pediatric, dental and mental health services. The contract also required the installation of electrical, water and septic systems, as well as a separate building with toilet facilities and a guard shack. In September 2012, the Governor of Parwan province took possession of the hospital, which began accepting patients in January 2013.

For this inspection, SIGAR assessed whether (1) construction had been completed in accordance with contract requirements and applicable construction standards, and (2) the facilities were being used as intended and maintained.

WHAT SIGAR RECOMMENDS

SIGAR recommends that the Commanding General, USFOR-A, direct the appropriate USFOR-A units to take the following steps and report back to SIGAR within 90 days: (1) identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine: (a) why the hospital was not built according to contract specifications and acceptable construction standards; (b) why required documents were not placed in the CIDNE database; and (c) what disciplinary action, if any, should be taken against the contracting officer(s) responsible for failing to provide required oversight; (2) perform a physical inspection of the building, including appropriate engineering tests and analyses, and, given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building. USFOR-A was unable to provide formal comments on a draft of this report before it was issued, despite having more than the 14 days that SIGAR typically provides agencies to comment on inspection reports. Once USFOR-A provides comments, they will be posted separately on our website at www.sigar.mil, along with SIGAR's response.

January 2014

Salang Hospital: Lack of Water and Power Severely Limits Hospital Services, and Major Construction Deficiencies Raise Safety Concerns

SIGAR 14-31 INSPECTION REPORT

WHAT SIGAR FOUND

Salang hospital was not built in accordance with contract requirements. In mid-2012, a U.S. Forces-Afghanistan (USFOR-A) task force inspected the site during construction and found a number of deficiencies, including water, sewer, electrical, and heating systems that were incomplete or needed repair. The task force noted the inhabitants of Salang district would have inadequate access to healthcare until construction deficiencies were remedied and missing equipment provided. In November 2012, the contractor was paid in full. However, SIGAR's November 2013 inspection found that the deficiencies identified by the task force had not been corrected. For example, the water well, solar power system, and second 30 kilowatt generator required by the contract had not been provided. Because there was no clean water, staff at the hospital were washing newborns with untreated river water. SIGAR's inspectors identified additional problems. For example, the original design drawings called for three one-story buildings—a 15-room hospital, a four-stall toilet, and a guard shack—but SIGAR found that a single, poorly constructed, two-story building had been built.

Due to the absence of project design and other required documents, the inspection team was unable to fully assess the quality of construction. However, SIGAR's inspection also found significant safety issues with the two-story construction. A 3-inch wide vertical expansion joint basically cut the hospital in half, effectively making it two buildings under one corrugated metal roof. Unreinforced brick walls between concrete columns made up most of the hospital's outer structure. Since Salang district is located in one of the most active seismic zones of Afghanistan, these problems with the structural integrity of Salang hospital increase the risk of structural collapse during an earthquake.

SIGAR also found that the Salang hospital was not providing many of the services it was intended to provide, that hospital staff were only using about 35 percent of the square footage of the constructed facility, and that the hospital employed less than 20 percent of the staff it was expected to employ. According to the doctors and nurses on site, the limited use—due primarily to the lack of electricity, water, furniture, and equipment—has prevented them from providing optimal medical care. For example, the limited electricity—one light bulb in each of the rooms being used—has made it difficult to treat patients.



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

January 29, 2014

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Commander, U.S. Central Command

General Joseph F. Dunford, Jr.
Commander, U.S. Forces–Afghanistan, and
Commander, International Security Assistance Force

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Commander, International Security Assistance Force Joint Command, and
Deputy Commander, U.S. Forces–Afghanistan

Major General James M. Richardson
Deputy Commander, Joint Operational Corps Headquarters-Afghanistan, and
Commander, U.S. National Support Element Command–Afghanistan

This report discusses the results of SIGAR's inspection of the Salang hospital in the village of Bagh e Maden, Salang district, in Parwan province. The Commander's Emergency Response Program funded this project. SIGAR recommends that the Commanding General, U.S. Forces-Afghanistan (USFOR-A), direct the appropriate USFOR-A units to take the following steps, and report back to SIGAR within 90 days: (1) identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine: (a) why the hospital was not built according to contract specifications and acceptable construction standards; (b) why required documents were not placed in the CIDNE database; (c) what disciplinary action, if any, should be taken against the contracting officer(s) who failed to provide required oversight; (2) perform a physical inspection of the building, including appropriate engineering tests and analyses, and, given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building.

USFOR-A was unable to provide formal comments on a draft of this report before it was issued, despite having more than the 14 days that SIGAR typically provides agencies to comment on inspection reports. Once USFOR-A provides comments, they will be posted separately on our website at www.sigar.mil, along with SIGAR's response.

SIGAR conducted this inspection under the authority of Public Law No. 110-181, as amended; and the Inspector General Act of 1978, as amended; and in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency.

John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

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ABBREVIATIONS & ACRONYMS

CERP	Commander's Emergency Response Program
CIDNE	Combined Information Data Network Exchange
USFOR-A	U.S. Forces-Afghanistan

The Department of Defense's Commander's Emergency Response Program (CERP) provides unit commanders with funds to respond quickly to urgent humanitarian relief and reconstruction needs in Afghanistan. CERP funds have been used for a variety of projects, including public roads, schools, and medical clinics. This CERP project, a 20-bed hospital in the village of Bagh e Maden in Salang district, Parwan province, was part of the Ministry of Public Health's (Ministry) plans to place hospitals in four strategic districts in Parwan province to help ensure that more remote areas would receive adequate healthcare. The May 2009 justification for CERP funding of the hospital reported that people from Salang had to leave the district to receive health care such as surgery and advanced diagnostic care that could not be provided at the local clinic.

For this inspection, we assessed whether (1) construction had been completed in accordance with contract requirements and applicable construction standards, and (2) the facilities were being used as intended and maintained.

We conducted our work in Kabul, Afghanistan, and at Salang hospital from October 2013 through January 2014, in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency. The engineering assessment was conducted by professional engineers in accordance with the National Society of Professional Engineers' *Code of Ethics for Engineers*. Appendix I contains a more detailed discussion of our scope and methodology.

BACKGROUND

On September 11, 2009, Bagram Regional Contracting Center awarded a firm fixed-price contract (W91B4N-09-C-RP37) to Shafi Hakimi Construction Company, an Afghan company, for \$597,929 to provide labor, materials, and equipment to construct and furnish the 20-bed Salang hospital (see photo 1). The CERP-funded contract, with a 365-day period of performance, specified construction of a hospital, including surgical and X-ray areas, a pharmacy, a laboratory, wards for men and women, as well as areas for pediatric, dental and mental health services. The contract also required the installation of electrical, water and septic systems, as well as a separate building with toilet facilities and a guard shack. The hospital was expected to serve the 50,000 inhabitants of Salang district and employ about 150 doctors, nurses, midwives and other staff. In September 2012, the Governor of Parwan province took possession of the hospital, which began accepting patients in January 2013.

Photo 1 - 20-Bed Salang Hospital



Source: SIGAR, November 27, 2013

SALANG HOSPITAL FACILITIES WERE NOT CONSTRUCTED IN ACCORDANCE WITH CONTRACT REQUIREMENTS, AND MISSING DOCUMENTATION PREVENTED A COMPLETE INSPECTION

The Salang Hospital has a history of construction problems. During the 3-year period from contract signing to the Ministry's acceptance of the hospital, the Parwan Provincial Reconstruction Team¹ performed at least 15

¹ Provincial Reconstruction Teams in Afghanistan are led by military officers supported by teams of specialists, which typically include civilians from the Department of State, U.S. Agency for International Development, and other U.S. government agencies. These small joint civilian-military teams work in provinces across the country to improve security, expand the reach of the Afghan government, and assist with reconstruction.

site visits to the hospital. Although the team's site inspection reports contained some comments indicating that the quality of work observed was good, they also identified a number of problems, including (1) unspecified problems with two support columns, (2) improper spacing of rebar in concrete forms, (3) noncompliance with the structural design of the roof, and (4) absence of a quality control plan, work plan, safety plan, and drawings on-site during construction work.

In mid-2012, a U.S. Forces-Afghanistan (USFOR-A) task force also inspected the hospital while it was still under construction and documented a number of construction deficiencies. For example, the task force found the potable water, sewer, and electrical and heating systems were incomplete or needed repair. It also found missing safety items, such as stair railings, smoke detectors, and exit and emergency lighting. The task force also documented that the roof was leaking, causing mold and mildew, and that the hospital needed to provide scrubable surfaces in high-risk sterile areas like the surgery room to facilitate disinfection. To correct these deficiencies, in May 2012, the task force submitted a letter of justification to the Commander, U.S. Central Command, requesting \$383,035.89 in additional CERP funding for the installation or repair of various systems for the hospital. It noted that without the installation and repairs, the inhabitants of Salang district would have inadequate access to healthcare.

In November 2012, the contractor received a final payment of \$74,741, completing full payment under the contract totaling \$597,929.

We conducted our inspection of Salang hospital on November 27, 2013. Based on our observations and review of available contract documents, we found that, although the contractor had been paid in full, the additional CERP funding requested in May 2012 had not been provided, and the deficiencies identified by the task force had not been corrected. For example, we found the following problems, which the task force had also found during its 2012 inspection:

- The contract's statement of work required the drilling of a water well, construction of a well house, and establishment of a process to ensure that hospital water lines were disinfected. However, we found that the water well was not provided. Instead, the hospital uses a small generator and small pipe to pump water from a nearby river to a holding tank in the hospital's attic. The water is then gravity fed through pipes when needed in the hospital. Hospital staff told us that, as a result, patients, including newborn infants, are washed in untreated river water.
- The hospital staff told us the hospital roof was leaking, causing mold and mildew on the ceiling and walls. Our inspection confirmed the presence of mold and mildew (see photo 2). The statement of work required that the concrete roof slab be hot-tarred to provide waterproofing prior to installing wooden trusses to support the corrugated metal roof. Photos contained in the contract files show that the hot-tarring was not done. Photos also show that the wooden trusses on top of the concrete slab roof were not covered with plywood and tar paper, as required. Our inspection confirmed these construction deficiencies.

Photo 2 - Leaky Roof Damages Ceilings and Walls



Source: SIGAR, November 27, 2013

- Hospital staff stated they believe the hospital's septic tank is leaking. The staff told us that, to the best of their knowledge, no leach field² was built for the septic tank.
- The statement of work required the contractor to provide two 30-kilowatt diesel generators, but we found that only one was provided. Hospital staff told us that the generator is not being used because there is no budget for the fuel costs.

We also identified a number of deficiencies that the task force had not found, including the following:

- The original design drawings called for a one-story, 15-room hospital building; a one-story four-stall toilet facility; and a guard shack. However, we found that a two-story building had been built. It was an 18,300-square-foot structure, more than three times larger than the 5,300-square-foot building called for in the original design plans. We could not find any documentation showing that the Bagram Regional Contracting Center contracting officer had modified the contract to approve the two-story building, as was required under the contract.³ According to a Provincial Reconstruction Team record of a meeting with an Afghan Ministry of Public Health official, the Department of State member of the team stated that the Ministry and the provincial government approved the alternate design; however, no documentation exists to confirm that these officials approved the design. The State Department representative also noted that the alternate design was necessary because the hospital's irregularly shaped lot would not accommodate the design called for in the contract documents. However, it is unclear to us why the lot could not accommodate the hospital as originally designed, but could accommodate a facility that had a larger footprint than was called for under the contract. See Appendix II for a comparison of the originally-designed building's footprint and that of the building that was actually constructed.
- The statement of work also required the installation of a solar power system and supporting structure to provide the hospital up to 30 kilowatt hours of electricity per month. We found that the solar power system was not provided. The hospital staff told us they are paying the equivalent of about \$18 a month of their own money to a neighbor to provide enough electricity to operate one light bulb in each of three hospital rooms. In addition, the hospital staff stated that insufficient electricity affects their ability to provide basic hospital services, such as X-rays. While inspecting the exterior of the hospital we observed electrical wiring several hundred feet long from a neighboring property to the hospital. The electrical wiring was draped over trees and other obstacles. It appeared to be a temporary remedy. We did not see it secured to anything at any point of its length.

Construction Deficiencies Combined with Seismic Activity in Salang District Raise Safety Concerns

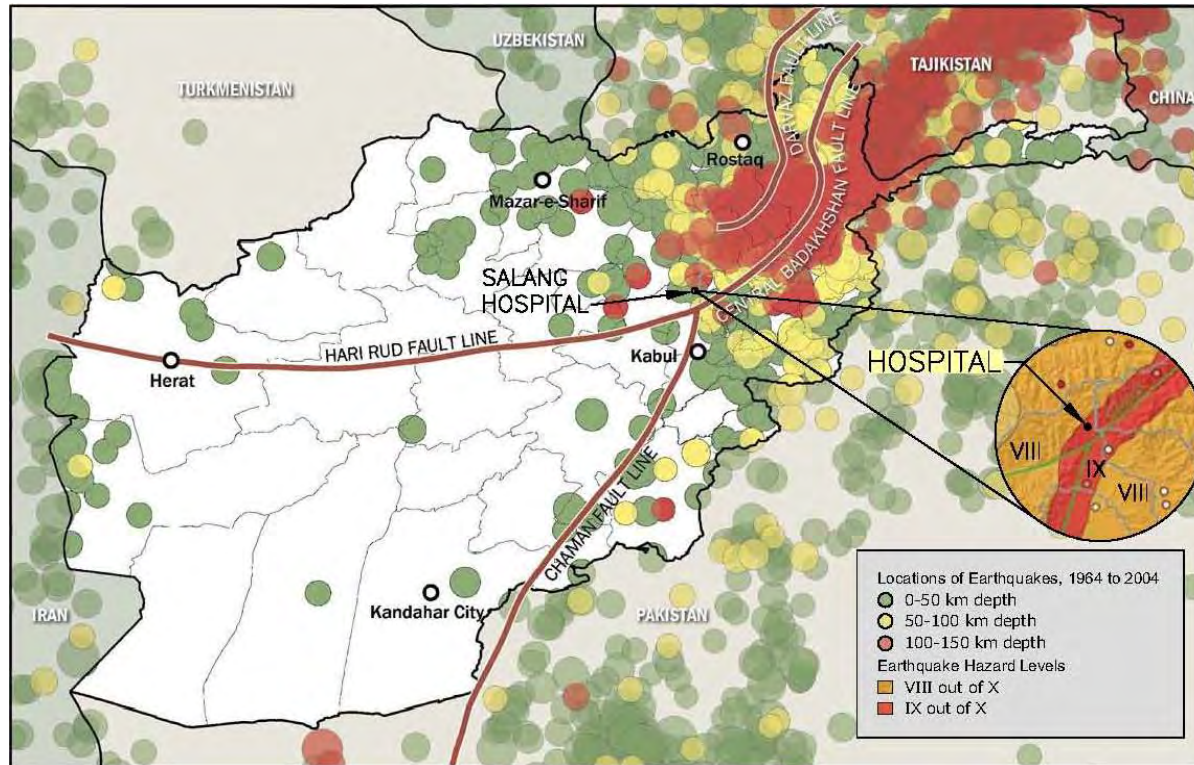
Shafi Hakimi Construction Company's construction of a two-story hospital building, rather than the one-story hospital building required under the contract, and without documented structural calculations, raises serious safety concerns. Salang district is located in one of the most dangerous seismic zones of Afghanistan, near the intersection of the Chaman, Hari Rud, and Central Badakhshan fault lines, an area subject to relatively frequent and intense seismic events. The U.S. Geological Survey has reported that earthquakes represent a serious threat to the people and institutions of Afghanistan and have killed more than 7,000 Afghans from

² A leach field is typically installed with a septic tank for subsurface disposal of liquid waste. Multiple perforated pipes buried under ground allow the wastewater to leach into the surrounding ground. The absence of a leach field requires the septic tank to be pumped out periodically.

³ Under the contract, the contractor could propose an alternate design or use of products more common in the region that would be equally or more cost effective or allow for more timely completion, but that would also furnish the same system durability, ease of maintenance and environmental compatibility. To do so, the contractor was required to provide information, as requested by the contracting officer, to make a comparison of the proposed alternate design or products. The contract also required that all such variations be approved by the contracting officer in writing. However, we found no written approval by the contracting officer or documentation pertaining to the alternate building design.

1997 to 2007.⁴ Substandard construction that does not meet industry earthquake standards⁵ exposes the structures involved to increased earthquake vulnerability. Figure 1 shows the proximity of Salang hospital in relationship to the intersection of the Chaman, Hari Rud, and Central Badakhshan fault lines and the location of earthquakes that have occurred in Afghanistan from 1964 through 2004.

Figure 1 - Location of Earthquakes in Afghanistan from 1964 through 2004



Source: U.S. Geological Survey Modified by SIGAR

According to U.S. Geological Survey data, Salang hospital is located in the second highest seismic intensity zone in Afghanistan. The Chaman and Badakhshan fault lines represent the centerline of a 15 to 25 kilometer wide swath of potential destruction during a seismic event. The U.S. Geological Survey characterizes the seismic activity and potential damage for this zone as Level IX out of X. Level IX activity is described as: “Violent shaking with people forcibly thrown to the ground, monuments and columns fall, and most unreinforced masonry buildings will suffer heavy to very heavy structural damage.”

During our inspection, we identified two major issues with Salang hospital’s construction that increase the risk of a structural collapse during a seismic event.

- First, we observed a vertical expansion joint that basically cuts the hospital structure in half (see photo 3). The gap is about 3 inches wide and has no concrete or reinforcing steel providing a connection across the joint. In essence, the hospital consists of two separate buildings under one corrugated metal roof. Due to missing design documents, we do not know whether the expansion joint was a

⁴ U.S. Geological Survey, Open-File Report 2007-1137, *Preliminary Earthquake Hazard Map of Afghanistan*, 2007.

⁵ At the time the contract was awarded, USFOR-A Publication 1-06, *Money As A Weapon System – Afghanistan*, May 15, 2009, required that the unit commander “ensure construction meets engineering standards,” which are stated in the publication.

requirement. However, based on the industry standards⁶ for design, only very large or very long structures would normally have this type of an expansion joint. Our engineers believe that the existence of this 3-inch wide expansion joint and the fact that it is unreinforced makes the hospital highly susceptible to earthquake damage.

- Second, the risk to the hospital's structural stability is heightened by unreinforced brick walls between concrete columns, which make up most of the hospital's outer structure. Industry standards⁷ for design do not allow the use of unreinforced masonry walls in buildings in this seismic design category.⁸ We found that problems already exist with cracks at the corners of the brick walls and where the brick walls and concrete corners intersect. Further, the hospital's structure that resists earthquakes and vertical loads, such as snow, furniture, equipment, and people, consists of a system of reinforced concrete columns and beams combined with reinforced concrete slabs at the floor and roof levels. The unreinforced brick walls rest on the floor and extend to the ceiling between columns. As a result, when ground motion occurs—like during an earthquake—the brick walls are at high risk of collapse.

Photo 3 - Excessively Wide Expansion Joint



Source: SIGAR, November 27, 2013

Missing Documentation Prevented a Complete Hospital Inspection

We were not able to fully assess the quality of construction for Salang hospital, due to missing project documentation. Our inspections normally include the review of project design, planning, construction, oversight, and related documents. USFOR-A CERP guidance requires that projects be properly documented and continually monitored and maintained from project nomination to closure or turnover, to include uploading project files into the CIDNE database.⁹ However, we found that 10 of the 25 documents (40 percent) required to support the hospital project were missing from the CIDNE database.¹⁰ For example, the statement of work and design documents for the original hospital design was contained in the CIDNE database, but we did not find design documents for the two-story hospital that was actually constructed. In addition, documents such as the cost estimate, operation and maintenance manuals, as-built drawings, a “punch list”¹¹ identifying any deficiencies, and final inspection and completion letters were missing from CIDNE. Due to the missing

⁶ *Ibid.*

⁷ *Ibid.*

⁸ Seismic design categories are determined based on the importance of the structure, site soil properties, and the mapped horizontal spectral response acceleration (or seismic ground motion values).

⁹ See USFOR-A Publication 1-06, MAAWS-A, May 15, 2009, which provides guidance on the CERP program that requires all CERP projects to be updated in CIDNE.

¹⁰ Missing project documentation is not a new issue to CERP. As early as 2009, SIGAR reported that CERP program officials were not complying with requirements to enter project information into the database: SIGAR Audit 09-05, *Increased Visibility, Monitoring, and Planning Needed for Commander's Emergency Response Program in Afghanistan*, September 2009. The report noted that, while the Department of Defense had required monthly input on CERP projects into the Department of Defense electronic data management system, this was often not done.

¹¹ A punch list is a document listing work that does not conform to contract specifications, usually attached to the certificate of substantial completion. MAAWS-A, May 2009, notes that the final punch list should also include a notice of all deficiencies have been corrected and accepted.

documents, we were not able to fully evaluate the contractor's adherence to technical specification requirements and contracted design standards.

Without design documents, as-built drawings, and structural calculations for Salang hospital, as constructed, we cannot conclusively determine whether the building is structurally sound or whether a cost analysis of the substitution was made with a determination that it was beneficial to the U.S. government. Appendix III lists instances in which construction deviated from contract requirements. Appendix IV contains a more detailed discussion of the missing project documents in the CIDNE database.

SALANG HOSPITAL IS NOT BEING USED AS INTENDED AND OPERATES BELOW CAPACITY

Salang hospital is not providing many of the services it was intended to provide and is operating well below its capacity. As noted earlier, the hospital was designed to provide surgical and X-ray services, a pharmacy, and a laboratory, as well as pediatric, dental and mental health services. Although the hospital treats about 70 patients per day and is open 24 hours a day with staff available for night-time emergencies, it does not and cannot provide many of these intended services. For example, the doctors we spoke to on site confirmed they are not qualified surgeons, and the hospital does not have a functioning surgery unit. In addition, the X-ray machine is stored in a locked room and is not used because parts are missing and there is not enough electricity to operate it. The hospital staff also told us the ministry provides some medicine and vaccines, but without electricity it is hard to refrigerate them. As a "work around" measure, the hospital is using a propane-operated cooler for vaccine storage (see photo 4).

Salang hospital staff told us they are using about 35 percent of the square footage of the constructed facility. They advised that the limited use was due to a number of factors, but primarily due to the lack of electricity, water, furniture, and equipment. For example, with only three light bulbs in the entire facility, the staff's ability to provide medical care at night is limited. The hospital staff also told us they were not using any of the rooms on the hospital's second floor because they were not fully using the downstairs yet. They added that using the interior stairs to move between the first and second floors is dangerous due to the lack of hand rails. Further, a steep flat surface constructed in the center stairway, presumably for moving wheelchair and gurney-bound patients, cannot be used safely because of the steepness of the incline and lack of hand rails.

Finally, the hospital staff reported that currently about 25 medical and other staff members are employed at the hospital. This is less than 17 percent of the 150 staff members that the CERP funding documents reported the Salang hospital would employ. The Ministry pays the hospital staff salaries, including those for the doctors, dentist, and midwives.

Photo 4 - Propane Supply for Refrigerator



Source: SIGAR, November 27, 2013

CONCLUSIONS

Salang hospital is functioning more as a medical clinic than as a hospital with surgical and diagnostic care. The hospital building was not constructed according to the contract requirements. Most notably, there is no clean, permanent water supply and virtually no electrical power. As a result, patients, including newborn babies, are bathed in untreated river water and, at night, only three light bulbs provide illumination to treat emergency patients. The doctors and nurses at the hospital pay for that limited electricity themselves. Despite the water, electrical and other construction deficiencies found during our inspection, the contractor was paid the full amount of the contract—over half a million dollars. Thus, we conclude that the contractor was overpaid.

Although we identified a myriad of deficiencies, our inspection was limited due to the large number of missing construction documents, the lack of electricity and water (which precluded us from inspecting the electrical and plumbing systems). While a design change from a one-story to a two-story building may have been necessary, we could not find any of the required documentation to show that appropriate U.S. officials approved the change or that the required cost or engineering analysis associated with the change was conducted. It is our judgment that this lack of information and oversight has led to a potentially dangerous situation in which the hospital has construction deficiencies that could affect its structural integrity, particularly during earthquakes, which occur frequently in Afghanistan.

The staff of Salang hospital should be commended for making the best of the limited facility. However, the hospital does not serve the medical needs of the people of Salang district as intended and may be a danger to its patients and staff because of the potential for the structure's collapse in an earthquake.

RECOMMENDATIONS

To ensure that the Salang hospital is useful, safe, and sustainable for the Afghan people, and to protect the U.S. government's investment, we recommend that the Commanding General, USFOR-A, direct the appropriate USFOR-A units to take the following steps, and report back to SIGAR within 90 days:

- 1. Identify the contracting officer(s) responsible for oversight of the Salang hospital construction activities and determine:**
 - (a) why the hospital was not built according to contract specifications and acceptable construction standards;
 - (b) why required documents were not placed in the CIDNE database;
 - (c) what disciplinary action, if any, should be taken against the contracting officer(s) who failed to provide required oversight.
- 2. Perform a physical inspection of the building, including appropriate engineering tests and analyses, and, given its location in a high seismic activity zone, determine what corrections are required to ensure the structural integrity of the building.**

AGENCY COMMENTS

We provided USFOR-A with a draft of this report for its review and comment. However, USFOR-A was unable to provide formal comments on a draft of this report before it was issued, despite having more than the 14 days that SIGAR typically provides agencies to comment on inspection reports. Once USFOR-A provides comments, they will be posted separately on our website at www.sigar.mil, along with SIGAR's response.

Although we received a copy of draft, unsigned comments from U.S. Central Command Joint Theater Support Contracting Command and the Chief of Staff of the Combined Joint Task Force-101, they were not addressed to SIGAR and did not appear to be coordinated with, or made on behalf of USFOR-A, to whom our recommendations were directed. As such, we did not incorporate them into our report.

APPENDIX I - SCOPE AND METHODOLOGY

This report provides the inspection results of a Commander's Emergency Response Program (CERP)-funded contract (W91B4N-09-C-RP37) to construct a 20-bed hospital in Bagh e Maden village, Salang district, of Parwan province. To determine whether construction was completed in accordance with contract requirements and applicable construction standards, and the facilities were being used as intended and sustained, we

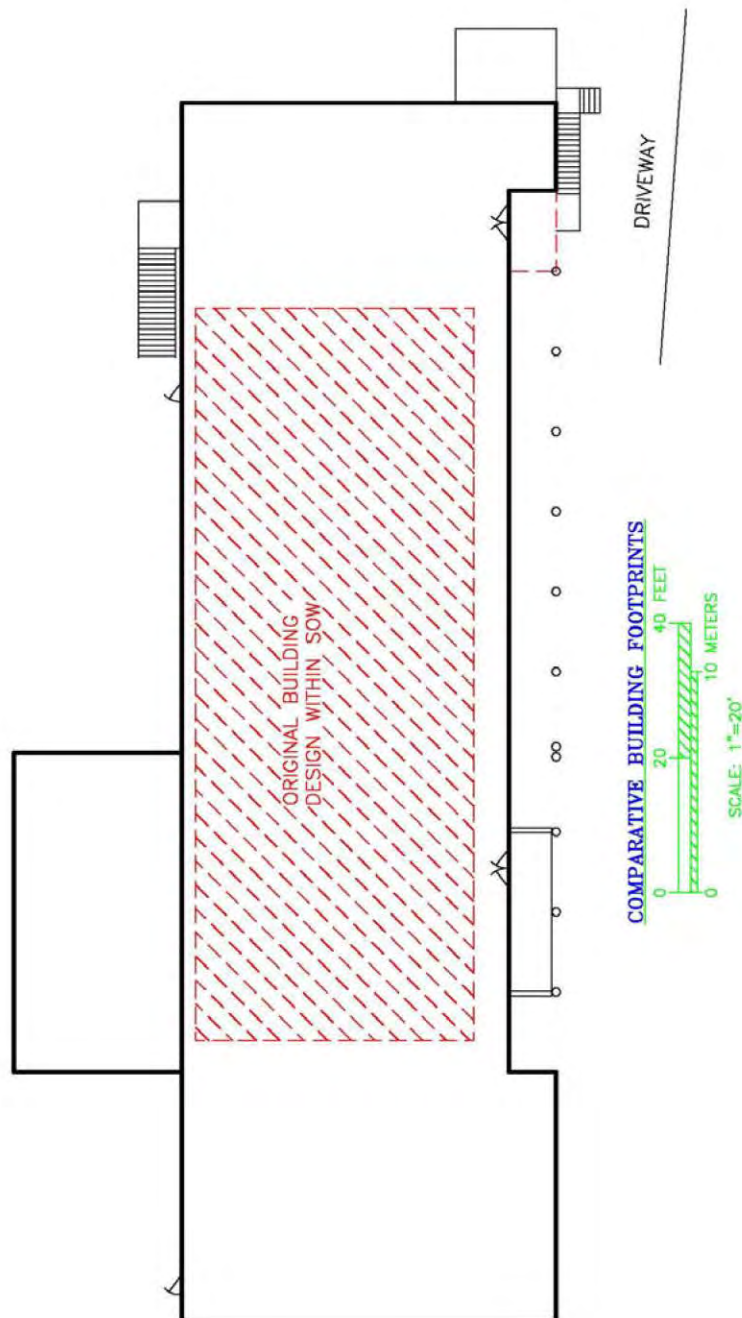
- reviewed available contract documents to understand project requirements and contract administration;
- interviewed cognizant U.S. and Afghan officials concerning the construction, and operation and maintenance of the hospital; and
- conducted a physical inspection and photographed the hospital to observe the quality of construction and determine the sustainability of the facility.

During our inspection, we noted that project documentation in the Department of Defense's Combined Information Data Network Exchange (CIDNE) database was incomplete and did not comply with CERP requirements. As a result, we were unable to fully assess whether the construction of the facility was conducted and completed in accordance with the terms and conditions of the contract and construction standards.

We conducted our work in Kabul, Afghanistan, and at Salang hospital from October 2013 through January 2014, in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency. The engineering assessment was conducted by professional engineers in accordance with the National Society of Professional Engineers' *Code of Ethics for Engineers*. We did not rely on computer-processed data in conducting this inspection. However, we considered the impact of compliance with laws and fraud risk.

We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our inspection objectives. We conducted this inspection under the authority of Public Law No. 110-181, as amended; and the Inspector General Act of 1978, as amended.

APPENDIX II - COMPARATIVE BUILDING FOOTPRINTS



Source: SIGAR Inspection and Analysis (Not to scale)

Note: The outer black lines show the 9,150 square foot footprint of the 18,300 square foot two-story hospital building actually constructed by the contractor. The shaded red box within the black lines shows the relative size of the 5,300 square foot footprint that the Salang hospital would have occupied had it been constructed in accordance with the designs provided for in the contract. It remains a question as to why the lot was inappropriate for the 5,300 square foot building, but suitable for the 18,300 square foot building.

APPENDIX III - CONSTRUCTION THAT DEVIATED FROM CONTRACT REQUIREMENTS

The contract's statement of work defines the work required to be performed. It specifically provided that any deviations from the statement of work must be approved through contract modifications. Federal Acquisition Regulation 43.102, states that only contracting officers acting within the scope of their authority are empowered to execute contract modifications on behalf of the U.S. government. Table 1 shows the 20-Bed Salang hospital construction activities that deviated from contract requirements.

Table 1 - SIGAR List of Deficiencies

Requirement	Deficiency Identified in SIGAR Inspection
Surgery/operating room, pharmacy, storage, vaccination, examination and mother care, delivery, sterilization room, women and men wards, X-ray, male and female waiting rooms, registration, administration, toilet and health nutrition areas, advanced diagnostic, surgical, mental health, dental, physical therapy/ rehabilitation, emergency department, male and female doctor offices, laboratory, pediatric services. security, inpatient and outpatient healthcare delivery	Required rooms or portions of the building in which the listed services could be provided were unavailable. Quality of construction was poor, the walls were cracking and due to roof leaks a number of the rooms had water and mildew damage.
Toilet Building	Required separate toilet building did not exist. Toilets were constructed in the hospital building. Because only limited water was available from the local river, staff encouraged patients not to use hospital toilets.
Guard Shack	Required separate guard shack did not exist.
Electrical systems	A primitive looking electrical system existed, but could not be tested because there was no electricity.
Water well	Required water well did not exist.
Plumbing system	A plumbing system existed, but staff reported that it backed up, especially during rain and snow melt. It could not be inspected because of the limited availability of water.
Two 30kW diesel generators	Only one of the two required 30kW generators had been provided.
Solar power system supporting structure	Required solar power system did not exist.
Septic collection system	Hospital staff and the subsequent USFOR-A task force inspection reported that the septic tank leaked.

Source: Bagram Regional Contracting Center awarded contract W91B4N-09-C-RP37 and SIGAR's November 27, 2013, site visit.

APPENDIX IV - COMMANDER'S EMERGENCY RESPONSE PROGRAM DOCUMENTATION

The Commander's Emergency Response Program (CERP) is governed by *Money As A Weapon System–Afghanistan*, which covers the type of projects that can and cannot be funded by CERP, the approval levels (based upon requested funding amounts), program responsibilities, project management, and other items including the required project documentation. CERP-required documents are to be uploaded into the Combined Information Data Network Exchange (CIDNE) database. Table 2 provides the results of SIGAR's review of documents for the 20-Bed Salang hospital project file that were required to be uploaded into CIDNE.

Table 2 - Documentation Check List

Required Documents ¹²	Found in CIDNE	Not Found in CIDNE
1. DD Form 577 Appointment/Termination Record for the Project Purchasing Officer and Paying Agent	X	
2. Appointment Memorandum for the Project Purchasing Officer/Paying Agent	X	
3. Afghan Data Report (ADR)	X	
4. Command Group Endorsement		X
5. DA Form 3953, Purchase Request and Commitment	X	
6. Cost Estimate		X
7. Statement of Work or Bill of Quantities	X	
8. Supporting Diagrams, Maps	X	
9. Correspondence	X	
10. Legal Review	X	
11. Memorandum of Agreement or Sustainment Letter from the Afghan government		X
12. Project Performance Metrics	X	
13. Letter of Justification		X
14. SF-1442, Contract	X	
15. SF-1442, Contract modifications	X	
16. SF-44, Purchase Order-Invoice-Voucher DD-250, Material Inspection & Receiving Report	X	
17. Commander's clearance memorandum	X	
18. Major Subordinate Command Comptroller clearance memorandum		X

¹² Source: *Money As A Weapon System–Afghanistan*, May 15, 2009

19. Contractor Quality Control and Government Quality Assurance Plan/Visits	X	
20. Operations and maintenance manuals, spare parts, and post construction guides		X
21. As built drawings signed by the recipient acknowledging receipt and acceptance		X
22. Final punch list including a notice that all deficiencies have been corrected and accepted		X
23. Contractor release of claims		X
24. Acceptance memorandum signed by the receiving party, U.S. government supervising engineer, and contractor	X	
25. Final inspection and completion letters		X
Total Documents	15	10 ^A

Notes:

^A 10 out of 25 documents missing, or 40 percent.

APPENDIX V - ACKNOWLEDGMENTS

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This inspection report was conducted
under project code SIGAR-I-011.

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